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JUN 23 2006

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To:	Company:	Fax Number:	Tel Number:
Allan W. Olsen, Examiner	USPTO	+1.571.273.8300	
Art Unit 1763			

From: Lawrence J. McClure

For internal purposes only:

Date: June 23, 2006

Client number: 81872.0050

Time:

Attorney billing number: 1966

Total number of pages incl. cover page: 17

Confirmation number: Return Fax to Diane Zynn

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MESSAGE:

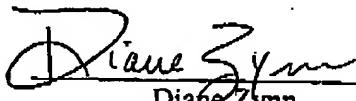
RE: U.S. Patent Application Serial No.: 10/648,429, Our Ref. 81872.0050

I hereby certify that the following documents:

- Request for Continued Examination (RCE)
- Response to Notice of Non-Compliant Amendment (Amendment Under 37 CFR 1.116)
- Amendment Transmittal
- Petition for Extension of Time (1 month)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

June 23, 2006
Date of Deposit


Diane Zynn

FORM PTO-1083

Attorney Docket No. 81872.0050
Patent Application No. 10/648,429

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Yosuke INOMATA, et al.

Serial No. 10/648,429

Filed: August 26, 2003

For: Method and Apparatus for Processing Substrate and
Plate Used Therein

Art Unit: 1763

Examiner: Allan W. Olsen

JUN 23 2006

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an RCE and Amendment for the above-identified application; and

I hereby certify that this correspondence is being transmitted via facsimile to
(571) 273-8300:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

June 23, 2006

Date of Deposit

Diane Zynn

Name

Diane Zynn 06/23/06

Signature

Date

 Petition for Extension of Time (1-Month).

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-	31	--	0	LG=\$350 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIM FEE	5	-	11	---	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 1, 6, 16, 21, 25						TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge the fee of \$120 for the one-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: June 23, 2006

Biltmore Tower
500 South Grand Avenue, Suite 1900
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Telephone: 213 337-6700
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Diane Zynn

Name

Diane Zynn

06/23/06

Signature

Date

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	31	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	6	-	11	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						
Independent Claims: 1, 8, 15, 21, 25						LARGE ENTITY FEE = \$300 SMALL ENTITY FEE = \$180
						TOTAL
						\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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